

Annual Members' Meeting/Annual General Meeting

Tuesday 11 October 2022, 5.00-7.00pm

Venue: Conference Hall, City Hall, Bristol, BS1 5TR

Agenda		
5.00pm	1.	Welcome and introductions – Jayne Mee, Chair of University Hospitals Bristol and Weston NHS Foundation Trust
	2.	Minutes of the previous meeting – Jayne Mee, Chair
5:05pm	3.	Independent Auditors' Report
5:10pm	4.	Presentation of Annual Report & Accounts for 2021/22 Eugene Yafele, Chief Executive and Neil Kemsley, Director of Finance Including highlights from the Quality Report for 2021/22 – Deirdre Fowler, Chief Nurse and Midwife
5.45pm	5.	Governor/Membership Report Highlights from the Council of Governors from the past 12 months.
6.00pm	6.	Retrieve Adult Critical Care Transfer Service – Guest speakers Highlights from the team from the last 12 months and plans for the future
6.30pm	7.	Q&A with the Trust Board – Jayne Mee, Chair Opportunity to ask your questions to members of the Board. Questions may be submitted in advance to FoundationTrust@uhbw.nhs.uk

The Trust's Annual Report and Accounts for 2021/22 is available at:

<https://www.uhbw.nhs.uk/p/about-us/reports-and-publications>

For any further enquires please contact FoundationTrust@uhbw.nhs.uk.

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Minutes of the Annual Members' Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held on Thursday 16 September 2021 at 17:30-19:30

This meeting was held as an online event via the Cisco Webex Meetings platform

Present

Members of the Trust Board of Directors

Jayne Mee – Interim Chair
Robert Woolley – Chief Executive
Sue Balcombe – Non-Executive Director
Paula Clarke – Director of Strategy and Transformation
Julian Dennis – Non-Executive Director
Deirdre Fowler – Chief Nurse and Midwife
Neil Kemsley – Director of Finance and Information
Alex Nestor – Interim Director of People
Martin Sykes – Non-Executive Director

Members of the Council of Governors

Mo Phillips – Public Governor (Lead Governor)
Hessam Amiri – Public Governor
Charlie Bolton – Staff Governor
Graham Briscoe – Public Governor
Sofia Cuevas-Asturias – Staff Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Aishah Farooq – Appointed Governor (Youth Involvement Group)
Tom Frewin – Public Governor
Sue Milestone – Public Governor
Sally Moyle – Appointed Governor (UWE)
Ray Phipps – Public Governor
Annabel Plaister – Public Governor
Mohammad Rashid – Public Governor
John Rose – Public Governor
Martin Rose – Public Governor

Guest Speakers

Georgina Horner – Staff Nurse, Cardiac Intensive Care Unit
Rajeka Lazarus – Infection and Microbiology Consultant
Matt Thomas – Consultant in Intensive Care

In Attendance

Sarah Dodds – Deputy Chief Nurse
Natashia Judge – Head of Corporate Governance
Rachel Hartles – Membership Manager
Sarah Murch – Acting Membership Engagement Manager
Samuel Relton, Audit Manager, PricewaterhouseCoopers – *External Auditor*
Eric Sanders – Director of Corporate Governance
Approximately 20 members of the public, patients and staff members of University Hospitals Bristol and Weston NHS Foundation Trust were also in attendance.

Minutes

Trish Garland – Corporate Governance Administrator

1. Chair's Introduction and Apologies

Jayne Mee, Interim Chair, welcomed everyone to the Annual Members' Meeting (AMM) for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and explained that the meeting was being held online and recorded.

Apologies had been received from:

- David Armstrong, Non-Executive Director
- Bernard Galton, Non-Executive Director
- Jane Norman, Non-Executive Director
- Mark Smith, Deputy Chief Executive and Chief Operating Officer
- Steven West, Non-Executive Director
- Ashley Blom, Appointed Governor
- Sophie Fernandes, Appointed Governor
- Jocelyn Hopkins, Staff Governor
- Hannah Nicoll, Appointed Governor
- Debbi Norden, Staff Governor
- Graham Papworth, Public Governor
- John Sibley, Public Governor
- Malcolm Watson, Public Governor
- Gary Williams, Public Governor

2. Minutes of the previous Annual Members Meeting/Annual General Meeting

The minutes of the last meeting were noted by the Board and Governors. The minutes were approved as an accurate record of the meeting.

3. Independent Auditors' Report

Samuel Relton, Audit Manager at PricewaterhouseCoopers, provided an update regarding the Independent Auditors' Report as below:

- The University Hospitals Bristol and Weston NHS Foundation Trust Annual Report and Accounts 2020/21 had been reviewed to ensure the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- There had been no requirement to prepare a Quality Report this year due to the COVID-19 pandemic.
- The key findings from the financial statements and governance review concluded that there were no significant internal control weaknesses identified.
- The financial statements were prepared on a Going Concern basis and no material issues had been identified.
- The Finance Team at the Trust were thanked for their work in ensuring the process for the audit was as efficient as possible, enabling PricewaterhouseCoopers to meet all the original deadlines, particularly considering the audit had taken place during the pandemic and COVID-19 restrictions.

Jayne Mee, Interim Chair, thanked Samuel Relton for the audit work undertaken.

4. Presentation of Annual Report and Accounts for 2020/21

Jayne Mee, Interim Chair, stated that this would be the last Annual Members Meeting for Robert Woolley as Chief Executive of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Robert had recently announced plans to retire after 30 years working in the NHS, 11 of which had been as Chief Executive of the Trust. The Chair explained that Robert had extended his plans for retirement due to the pandemic and expressed her thanks for this and the superb

leadership that Robert had provided throughout his tenure. Recruitment plans were underway to find Robert's successor and would be shared in due course.

Review of the Year 2020/21

Robert Woolley, Chief Executive, provided a summary of the highlights from the Annual Report and Accounts as below:

- The technical merger with Weston General Hospital had completed on 1 April 2020, just as the pandemic was taking hold. The well laid and detailed plans for progressing the merger, bringing staff and services together, while creating a united culture and dynamic future for the use of Weston General Hospital were paused while the organisation regrouped to deal with the impact of COVID.
- The increased demand for non-COVID services and the concern regarding waiting lists was mentioned.
- The fantastic work of the staff within the Trust was acknowledged and the extraordinary flexibility with the reconfiguration of wards, departments and teams, to accommodate Infection and Prevention Control guidance, and to keep patients safe was highlighted.
- The innovative ways to facilitate patient appointments, such as the 235,000 video and telephone consultations that had taken place were referred to, alongside guidance for GPs.
- A new CT scanner had been installed at Weston General Hospital and a new MRI scanner had been installed at South Bristol Community Hospital.
- The Trust had contributed to the wider system and regional response to COVID-19, participating in the set-up of the Nightingale Hospital. Although this was hosted by North Bristol Trust, Paula Clarke, the Trust's Director of Strategy and Transformation was seconded to assist and the Trust's digital team had supported on the IT set up. The Nightingale was eventually used to facilitate a larger number of eye hospital patient appointments and also paediatric allergy clinics.
- A new critical care retrieval service had been set up with the Trust as host.
- Greater collaborative working had taken place, with an MRI service at UK Biobank (a diagnostic research facility) created with North Bristol NHS Trust, enhancing capacity.
- The usual research facilities had been stood down nationwide due to the pandemic, with all teams focused on the research and testing for the COVID vaccine. The SIREN study regarding the development of antibodies for COVID was undertaken with 500 staff taking part.
- The combined Flu and COVID-19 vaccine research study had been sponsored by the Trust, working in collaboration on this with the Universities of Bristol and Oxford.
- The Recovery trial had 10,000 patients recruited nationally and there had been other trials to study the impact of long COVID.
- The support offered to staff throughout the pandemic was highlighted, with resources into the psychological health services team to assist with this.
- The Pause, Reflect and Recovery process had been initiated to encourage staff to take time to recover from the impact of the pandemic.
- Despite the pandemic, progress had been made in many areas of the Trust, e.g. new staff amenities had been created, and many of the clinical and corporate aspects of the Weston merger had been implemented.
- The Trust was noted to be working with system partners regarding the vision for Weston, to ensure the hospital was stable, sustainable and at the heart of the community.
- The Weston workforce/cultural integration had been delayed due to the pandemic. Work had been undertaken to instigate a new set of joint values for the Trust and a consultation with staff had taken place over the past four months.

- The impact of the pandemic and the restoration of non-COVID-19 activity was highlighted and it was emphasised that the Trust was endeavouring to reach pre-pandemic activity levels, but this was a challenge due to COVID-19 restrictions.

Annual Accounts 2020/21

Neil Kemsley, Director of Finance and Information, highlighted the Trust's financial statements from the Annual Report and Accounts 2020/21 as below:

- The financial impact of the merger with Weston General Hospital had added £130M to the Trust's turnover in the year.
- The financial regime that had been implemented for all Trusts nationally had cushioned the impact of the pandemic and this was briefly summarised: the first six months of the year a block contract was in place with a top-up arrangement, with a fixed sum in place for the remaining six months.
- Approximately £14M of PPE stock had been procured to ensure patients and staff were protected throughout the hospitals.
- An overview of the financial performance was provided: while the Trust had been expected to make a loss of around £30M due to the uncertainty regarding the non-contract income flows, the actual status at year end was breakeven and this was attributed to the income being reinstated again through the national route.
- The savings delivery showed an under-performance against the original plan, but delivery of £9M in the current context was stated to be a strong achievement with the Trust comparing well against other centres.
- The cash figure at the end of the financial year was £170M and the crucial impact this would have in supporting the strategic capital investment going forward was outlined.
- The overall summary of income received was noted, and it was stated that going into 2021/22, turnover would exceed a billion pounds. The main components were from provision of healthcare services, with £41M additional income received. The annual leave funding was highlighted, and it was explained that due to operational pressures, some staff had not taken their full annual leave entitlement, therefore a provision had been made for this to mitigate the impact on the Trust going forward.
- Staff costs were stated to be 63% of expenditure, benchmarking relatively low compared with most other NHS providers, where this would be approximately 70-75%.
- The supplies and services figure of £203M reflected the specialised nature of the services the Trust provided, e.g., a significant component of this amount was for the specialist drugs and devices required for cardiac and cancer services.
- The capital expenditure was £68M in year, a significant achievement in context of the pandemic.
- The capital investment over last decade amassed circa £440M, with plans to spend £78M in the year ahead in addition to the £68M spent last year.
- Capital investments were highlighted, such as the combined heat and power plans (noting this would progress the Trust's sustainability ambitions) and improvements for urgent care in the Trust.
- The Knightstone development at Weston had been progressed.
- The convergence of digital systems in the Trust was mentioned with £4.1M being spent towards this.
- The acquisition of St. James' Court was highlighted, enabling greater clinical capacity and longer-term strategic plans.
- The impact of COVID-19 and related expenditure was highlighted, with a greater number of staff required to work in a remote setting requiring greater digital investment.
- £14M had been allocated to PPE expenditure, and Members were informed that the Trust had rented space from TK Maxx in the Galleries, Bristol, to store PPE items.

Neil Kemsley thanked the auditors and the Finance Team for their seamless work in producing the accounts for the Annual Report.

Neil Kemsley said that there was confidence at Trust and system level regarding the ability to deliver surplus in the financial year, but there was uncertainty regarding what financial regime would be in place at the start of the new financial year. There would be challenges with restoring the organisation's focus and developing and implementing schemes on an ongoing basis. Members were asked to note that there may be other changes forthcoming in the national financial regime that may affect the Trust's ability to access cash reserves on a timely basis.

Presentation of Quality Achievements 2020/21

Deirdre Fowler, Chief Nurse and Midwife, presented the Quality Achievements as below:

- It was emphasised how the Corporate Quality Objectives ensured ongoing focus for key objectives that required continuous improvement.
- A focus on recovery and restoration with three new objectives was highlighted, and these consisted of the requirement to deliver a response to the National Patient Safety Strategy; to improve the experience of care for patients with a learning disability and to improve the experience of being patients being discharged from the Trust.
- Patient discharge had been greatly improved, with the outpatients' services successfully redesigned: there had been positive feedback from patients regarding this and a high commendation was given to staff who had achieved this in the midst of the pandemic.
- The physical access to the hospitals issue had been impacted by the pandemic and it was therefore hoped to progress this further in the next year.
- The support and development of lay representatives in Trust committees had been impacted by the pandemic, but it was hoped to progress this in the coming months.
- VTE assessment was an ongoing issue, and Members were assured that there was great focus on this, with monitoring underway within the relevant Committees.
- There was focus on the Patient Safety Strategy and the requirement to transition to the new Patient Safety Incident Response Framework by March 2022 was highlighted; it was stated that this would provide greater focus on learning and a pro-active approach rather than a reactive response when incidents occurred.
- Further patient safety training was planned to align with the patient safety curriculum.
- The importance of good patient experience on discharge from hospital was reiterated, alongside the positive impact on patient flow this enabled. The Trust was working alongside system partners and stakeholders including Healthwatch to maximise efficiency and capacity.
- The Trust remained in the top 20% in the National Patient Surveys, and this was a great credit to the staff.
- The Quality Strategy had been approved by the Trust Board in January 2021, and it was emphasised that this was a dynamic document that would be evaluated on an ongoing basis.

Jayne Mee, Interim Chair, thanked Robert Woolley and the Executive Director team for their work in navigating the Trust through the most challenging year in its history.

5. Governor/Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity during 2020/21 at University Hospitals Bristol and Weston NHS Foundation Trust as below:

- The Trust membership consisted of 6,459 public members, together with 14,000 staff members of the Trust.

- A process was being undertaken to try to rationalise the public membership by means of establishing whether longstanding members were still interested in retaining their membership.
- It was described how Governor meetings had been held online in 2020/21, and a monthly newsletter had been circulated to members.
- Health Matters events (public information events) were now being held online.
- The Governor Elections were originally due in spring 2020, but had been delayed due to the pandemic and finally took place in spring 2021. All seats had been contested and there were a high number of candidates.

Carole Dacombe, Public Governor, explained how Governors execute their duties and that this had continued despite the challenges of the pandemic.

- The Governors held regular discussions with the Executive Directors and Non-Executive Directors to ensure there was a clear understanding of information sent by the Trust.
- She outlined the work of the three Governor Groups: Quality, Membership and Constitution, and Strategy.
- The Governors sometimes put specific questions on the Governors Log of Communications to allow senior Trust staff to answer/clarify queries, and often these questions were raised on behalf of members of the public.
- The Trust engaged with the Governors regarding strategy and policy documents, as well as appointments into the executive team.

Mo Phillips highlighted the key issues the Governors wanted to understand in the forthcoming year:

- The impact of the pandemic and how the backlog of routine work would be resolved.
- The merger with Weston and how this had further developed.
- Staff issues such as safety and support after the impact of the pandemic.
- Improvements to staff retention.
- Diversity and Inclusion in the Trust.
- The importance of leadership and management training and development.

It was stated that the staff at the Trust had operated fantastically throughout the pandemic and merger process, considering the increased pressure on the services. The Council of Governors thanked staff at all levels within the Trust on behalf of governors and the public for all their work.

The Council of Governors thanked Robert Woolley and the Executive Team for their hard work in the past year.

Jayne Mee, Interim Chair, thanked the Governors for the good work that they undertook, and the scrutiny and challenge provided to the Board.

Guest Speaker Slot – Our COVID Response

Intensive Care

Matt Thomas, Consultant in Intensive Care, and Georgina Horner, Staff Nurse in the Cardiac Services Intensive Care Unit, attended the meeting to provide an insight on how staff responded to the COVID-19 pandemic.

- Matt Thomas described how in March 2020, staff were faced with the worry of dealing with an unknown virus alongside a lack of PPE.
- The positive support of the public, the 'Clap for Carers' initiative and donations of food had helped to boost staff morale.

- The staff on the unit had worked positively throughout the spring of 2020, despite facing an unknown fatal virus, at times having to treat colleagues, friends and members of their communities.
- The unit was better prepared for the second wave of the pandemic, but numbers were greater than expected.
- The unit survival rate was 82% against 70% nationally and the team were rightly proud of this.
- It was described how over the course of one weekend in February, the number of patients in the unit increased from 10 to 25 very rapidly.
- Members were informed that the CICU (Cardiac Intensive Care Unit) was the South West's most specialised cardiothoracic unit, covering a very wide region from West Wales to the Cornish peninsula. The impact of the pandemic resulted in highly specialised staff having to change roles to look after COVID-19 patients.
- Factors such as equipment availability and new responsibilities were noted to cause pressure on staff, in particular for staff members who had not worked in an ICU previously.
- The team worked well together (although some were traumatised by the experience) and it was mentioned how the lovely cards and messages sent in from the community, e.g., schools etc., really provided an uplift.
- The current unprecedented levels of emergency activity and staff resilience was outlined; it was still difficult for staff to take a break due to the increased pressures. It was emphasised how important it was to know that the staff had the support of the Trust and communities through these difficult times.
- Matt Thomas and Georgina Horner expressed great pride in their team.

Jayne Mee, Interim Chair, thanked Matt Thomas and Georgina Horner for attending the meeting and for sharing their experience of the pandemic.

COVID-19 coronavirus vaccination research and vaccine trials

Rajeka Lazarus, Infection and Microbiology Consultant, attended the meeting to speak about the COVID-19 vaccine research and trials.

- Rajeka described how proud she felt to say that the research team in Bristol had played an important role in development of the vaccines. Rajeka had been involved in the vaccine study since March 2020, undertaking over eight different vaccine studies. The role of volunteers was highlighted, with over 2000 people from Bristol and the surrounding areas offering to take part: without whose participation there would have been no trials and no vaccines. The volunteers had agreed to receive experimental vaccines, whilst enduring constant changes in the studies, changing epidemiology of the virus, fake news, and issues with vaccine passports. Rajeka thanked all the volunteers that had taken part to enable the development of the vaccines.
- Various studies had been undertaken, the first study being for the Oxford AstraZeneca vaccine. At the time there had been a sense of fear regarding undertaking research and bringing volunteers into the hospital to participate. The hard work in ensuring contracts were in place, and then finding space to undertake the studies was mentioned. The delivery had been a collaborative effort between the Trust and the University of Bristol.
- The great work undertaken by the research nurses in the Trust was mentioned, in particular, the Women's and Children's team.
- Medical input had been provided by microbiology registrars and doctors supported by other specialties.
- The sense of urgency to develop the vaccines kept the research team going, working long days and weekends.

- The Pharmacy Trials unit were integral to the development of the vaccine.
- Hundreds of blood samples had been taken to test the safety of the vaccine and Kirsty Phillips, a colleague in the research laboratories in the Bristol Royal Infirmary had processed these almost single-handedly.
- Dedicated vaccine teams had been developed at UHBW and North Bristol Trust.
- A year on from the pandemic there was now a 20-strong vaccine and testing team based on St Michael's Hill led by Kelly Turner, Research Nurse.
- The Department of Health were noted to have commissioned a study to see whether it was possible to administer COVID-19 and influenza vaccines simultaneously, and that the immune response would not be affected if given together, and whether there would be significant side effects. If possible, this would mean fewer appointment slots and would greatly benefit the NHS. The study was led by UHBW, working with the Bristol Trials Unit the University of Bristol, and the University of the West of England. There had been immense time pressures to provide delivery of this. Since then, the MHRA (Medicines and Healthcare products Regulatory Agency) and the WHO (World Health Organisation) have updated their guidance regarding the joint vaccine based on the Bristol study.

Jayne Mee, Interim Chair, thanked Rajeka Lazarus for attending the meeting and said it had been fantastic to hear about the teamwork and collaboration to develop the vaccines.

Jayne Mee, Interim Chair, thanked all staff in the Trust for the way they had worked through and dealt with the pandemic.

6. Question and Answer Session

Natashia Judge, Head of Corporate Governance, stated that a question had been submitted in advance of the meeting as below:

Philip Morris, Member of the UHBW Foundation Trust, had asked for clarification regarding the nature of the Trust's contract with Boots Pharmacy, what the current performance and satisfaction metrics were, and if there were any current issues.

Neil Kemsley, Director of Finance and Information, provided a response on behalf of the Trust's Director of Pharmacy: the contract with Boots was for outpatient and day case services only, and not for inpatients. There had previously been plans to alleviate pressures with dispensing for outpatients by staff undertaking this process directly. The contract was monitored through a monthly performance meeting, with 14 key performance indicators tracked. It was acknowledged that the question stemmed from a red-rated issue regarding patients waiting for prescriptions/medicines – this had deteriorated to 90% of patients waiting for over 30 minutes. This had been shared with Boots and an action plan was in place to mitigate this. This included the use of additional dispensing staff and better staffing at weekends. It was acknowledged that patients were not receiving the service they would like. The response would be set out in writing and appended to the minutes of the meeting.

Sheila Jones asked what plans the Trust had to tackle the backlog of patients.

Robert Woolley, Chief Executive said that addressing the backlog of patients was a key priority for the Trust. It was emphasised as part of the elective accelerator programme, the Trust, in conjunction with colleagues at North Bristol NHS Trust, had been set targets to restore elective activity, to reduce the waiting list and to ensure that the longest waiting patients were seen and treated. The current pressures experienced by the Trust, such as the demands in the Accident and Emergency Department due to the return to pre-pandemic levels of activity, and the difficulty the Trust had in opening all beds due to COVID-19 infection and prevention control restrictions

were highlighted. The Trust had been diligent in ensuring patients were appropriately distanced inevitably reducing the capacity across the Trust by 100 beds. This had resulted in the cancellation of a greater number of elective procedures, a national issue which NHS England and system partners were highly focused on plans to mitigate. Increased Accident and Emergency Department attendances were highlighted, with some patients feeling they could not get a GP appointment. The Trust were working with the CCG (Clinical Commissioning Group) to find the balance between treating emergency cases and avoiding ambulance queues, while also dealing with the waiting lists. While incredibly challenging, this was a priority for the Trust and the NHS nationally.

Jayne Mee, Interim Chair, thanked Robert Woolley for his honesty and transparency regarding the backlog of patients.

John Rose, Staff Governor, asked if it would be possible to describe the change in NHS Governance which now included a far more collaborative interaction with NBT and the new ICS. John added that he thought this was an important change for the better.

Robert Woolley, Chief Executive, explained that the Government's long-term plan for the NHS had always been to promote collaboration. The Health and Social Care Bill that was due to go through Parliament was referenced alongside how this would end the split between commissioning and contracting provision, with the creation of integrated care bodies from April 2022. There would be a requirement for greater collaboration between all sectors in health and care including local authorities, e.g., social services and public health, as well as NHS organisations. Regarding the Trust's relationship with NBT, the proposals emphasised that providers (such as the Trust) should aim to be in at least one collaborative, and this meant an explicit partnership, with clarity about the goals that the partnership was trying to achieve and support and the resources for delivering those goals. It was stated that a collaborative relationship, with mutual aid and support being provided, had already been developed with NBT but this had been impacted by the pandemic, with the more strategic objectives paused. Members were informed that a Partnership Board was in place with a Committee in common of the two Trusts. Both Trusts were working to define the strategic priorities and a Board to Board was planned for later in the year to sign these off. Once this was defined, the Governors and general public would be made aware. The ultimate focus would be to improve health care for the local population.

Mary Brown asked if non-COVID related research had restarted.

Robert Woolley, Chief Executive, informed Members that he had recently chaired the local Clinical Research Network meeting and that there had been a national attempt to try to restart research programmes that were in place pre-pandemic. Some of these programmes had been given priority status as recovery programmes. Monitoring was being undertaken regarding the pace of recovery, and this was variable. It was emphasised that approximately 30% of pre-pandemic research was in the recovery category, and it was estimated that about 50 - 60% of the programmes were recovering according to the trajectory provided by the National Institute for Research. It was noted that research programmes had been impacted by COVID-19, e.g., staff available to conduct the programmes and the participation of patients.

Jayne Mee, Interim Chair, thanked Robert Woolley for his response and stated that this demonstrated how progress was being made post-pandemic, albeit slowly and safely.

Ray Phipps, Public Governor, queried the new national financial regime being introduced by the government – was there any clarification on this and how it might affect the Trust?

Neil Kemsley, Director of Finance and Information, replied that the guidance would not be available for a few months. The Trust had recently received further information on the regime imposed on the second half of the financial year, and this showed little change from the regime in place for the first six months. The restrictions on the capital expenditure were implemented in April 2020, but the impact of this on strategic plans would not be felt until 2022/23. The new capital restriction was highlighted, alongside the extent to which allocations would go to system level with a need for a determination of priorities at that stage, before individual organisations could determine their own choices. It was thought that further details on this would be released at the turn of the calendar year.

Close of meeting

Jayne Mee, Interim Chair, thanked everyone for attending the meeting and reminded Members they were welcome to attend the regular Board of Directors and Council of Governors meetings. Thanks were given to the presenters at the meeting, and to all the staff and governors, members and charitable partners that support the Trust in the wider community.

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